



CITY OF LAS VEGAS
DEPARTMENT OF BUILDING & SAFETY
PERMIT APPLICATION

BAR CODE HERE

TYPE OR PRINT (BLACK INK ONLY)

Project #

168995

Parent Project #

119565

FOR: ☒ Commercial & Public Structures

☐ Single Family Residence

WORK DESCRIPTION:

REVISOR CIVICS

PERMITS REQUESTED:

☒ Building

☐ Mechanical Val

☐ Plumbing Val

☐ Electrical Val

TOTAL VALUATION: \$

ADDRESS:

300 STONART AVE

ZIP

OWNER/BUILDER NAME:

CITY OF LAS VEGAS

CONTRACTOR:

PROJECT/BUSINESS NAME:

MOB MUSEUM

CONTACT PHONE NO.:

204-8689

CONTACT FAX NO.:

375-3128

STATE CONTRACTOR LICENSE NO.:

CITY BUSINESS LICENSE NO.:

PARCEL NO.:

139-34-501-007

ZONE:

CV

LOT(s):

BLOCK:

SUBDIVISION:

OCCUPANCY GROUP:

USE:

CONST. TYPE:

SQUARE FT OF FLOOR AREAS: 1st

2nd

3rd

Garage

Patio

Balcony

Total

No. of Units

No. of Stories

SPECIAL CONDITIONS:

HANSON 26498

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

Contractor or Agent / Owner

Date

8/2/2010

Planning Department

Date

8/2/10

Land Development/Flood Control Engr.

Date

8-3-10

Fire Department

Date

Building Department

Date

TOTAL PERMIT FEE: \$

125

PRE-PAID: Plan Review \$

PRE-PAID: Zoning \$

TOTAL \$

Permit Expires 180 Days After
Abandonment of Work

Permits expire when no inspection has been requested for any
180-day period after the permit has been issued.



CONTACT SHEET

All plan submittals shall include this form.

Call DAVID BRATON at () 204-8689 when plans are ready.

Application # 168995 PC # 119565

OWNER / DEVELOPER <u>CITY OF LAS VEGAS</u>	PHONE <u>229-2201</u>
ADDRESS <u>400 STEWART AVE</u> ZIP	E-MAIL
ARCHITECT	FAX <u>395-3128</u>
ADDRESS ZIP	PHONE
STRUCTURAL ENGINEER	E-MAIL
ADDRESS ZIP	FAX
CIVIL ENGINEER <u>WRIGHT ENGINEERING</u>	PHONE <u>933-7000</u>
ADDRESS <u>7425 PEEK DRIVE</u> ZIP <u>LV NV 89128</u>	E-MAIL
CONTRACTOR	FAX
LICENSE #	PHONE
ADDRESS ZIP	E-MAIL
ELECTRICAL ENGINEER / CONTRACTOR	FAX
LICENSE #	PHONE
ADDRESS ZIP	E-MAIL
MECHANICAL ENGINEER / CONTRACTOR	FAX
LICENSE #	PHONE
ADDRESS ZIP	E-MAIL
PLUMBING ENGINEERING / CONTRACTOR	FAX
LICENSE #	PHONE
ADDRESS ZIP	E-MAIL



BUILDING & SAFETY TRANSFER MEMORANDUM

168995

PAID
AUG 02 2010

Development Services Center

150269
ja

DATE: July 14, 2010

TO: **Jessica Larramendy**, Department of Building and Safety

FROM: **Samuel Tolman**

CC: Rod Clark, Billie Jo Berlin, File, Pat Dues, Patty Braganza, Erik Singman, David Bratcher, Carson West, Chas Reinhold, David Bratcher, Dena Williams, Brian Benson

RE: **LV Museum Rehabilitation**

Project Name: LV Museum Rehabilitation

Project Name from the Project Initiator Box #1.

Project Address: 300 Stewart Ave

Project address from the Building and Safety permit status screen.

Plan Check Number: Revision to Permit AP #168995 Civil Revision

Parent 28930-C-08 Original permit

Building and Safety plan check number.

Servicer Org Number: 40511

SERVICER ORG. from the upper portion of Box #10 on the Project Initiator.

This is the org number of your project's funding source, for example, 40521 is the Park S fund org number. Do not use our section's org number 15341, nor your client such as Neighborhood Services' org number, nor the Requestor org number from the P.I., nor the Servicer org number from the lower half of Box #10. (If Finance leaves the upper portion of Box #10 empty and provides the only Servicer Org of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.) Do not use a number that ends in 0.

Account Number: 810705 Building Remodel/Addition

From the City's chart of accounts: 810205 for new or rehab Parks, 810605 for new Building construction, 810705 for Building remodels or additions.

Work Authorization Number: WU7608

The W/A NO. from the upper portion of Box #10 on the Project Initiator. (If Finance leaves the upper portion of Box #10 empty and provides the only W/A NO. of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.)

Revision to Building Permit: \$125.00

From the Building and Safety permit status screen, or as provided by B&S by email or phone when the permit is ready.

Authorizing Individual: Samuel Tolman

OAS Project Manager's name.

Funding Department: Leisure Services

Public Works, Neighborhood Services, Detention & Enforcement, Fire, etc. If multiple departments, list the department that controls the fund this transfer is drawn from.

Occupying/Programming/Operating Department: Leisure Services

Leisure Services, Detention & Enforcement, Fire, etc. If multiple departments, list primary only.

This memo shall serve as the required request from the responsible Department to issue the building permit for City property.

Thank you.

DEPARTMENT OF
PUBLIC WORKS

OAS

OFFICE OF
ARCHITECTURAL
SERVICES

400 STEWART AVENUE
LAS VEGAS, NEVADA 89101

TELEPHONE: (702) 229-6535

FAX: (702) 382-3232

TDD: (702) 386-9108

www.lasvegasnevada.gov

168995

**** Duplicate Receipt ****

City of Las Vegas
Development Services Center
731 South Fourth Street
Las Vegas, NV 89101

08/03/2010 14:22 Trn 150269
Cashier 890381

BLDG Permit #	168995	\$125.00
Subtotal		\$125.00
Tax		\$0.00
Total		\$125.00

Received MISC.	\$125.00
CITY 040511810/05	
Change	\$0.00

For questions related to this receipt call

702-229-6251